

Make your check or money order payable to:
New Mexico Taxation and Revenue Department
Using your own envelope,
mail payment and voucher to:
New Mexico Taxation and Revenue Department
P.O. Box 8390, Santa Fe, NM 87504-8390

AMOUNT ENCLOSED

00

ADDRESS (Number & Street)			CITY, STATE AND ZIP CODE		
YOUR FIRST NAME AND INITIAL		LAST NAME		YOUR SOCIAL SECURITY NUMBER	
SPOUSE'S FIRST NAME AND INITIAL		LAST NAME		SPOUSE'S SOCIAL SECURITY NUMBER	
Tax Year		Indicate the tax year and the quarter for the tax year to which the payment is to be applied:		If Fiscal-year, enter last day of tax year	
<input type="checkbox"/> 1ST (APR 15) <input type="checkbox"/> 2ND (JUN 15) <input type="checkbox"/> 3RD (SEP 15) <input type="checkbox"/> 4TH (JAN 15)					

PIT-ES New Mexico Estimated Personal Income Tax Payment Voucher

(PLEASE CUT ALONG DOTTED LINE)
SUBMIT ONLY HIGH-QUALITY PRINTED, ORIGINAL FORMS
TO THE DEPARTMENT.

Do not photocopy. Do not cut or resize the bottom portion of the voucher in any way. When printing the document from the Internet, the printer setting, "Page scaling" should be set to 'none' to prevent resizing.

Filing Checklist

- ☐ Ensure that you indicate the correct tax year to which you wish to make an estimated payment.
- ☐ Are name(s) and address complete, correct and legible?
- ☐ Are social security number(s) legible?
- ☐ Are social security number(s), "PIT-ES", and the correct tax year written on your check?
- ☐ Did you indicate the correct quarter to which the payment is to be applied?
- ☐ Did you mail your PIT-ES and check to the address shown on the attached Form PIT-ES?
- ☐ Did you sign and include your check?
- ☐ Are you using the correct form? This form is for taxpayers who wish to make quarterly estimated payments. If you are making a payment for a return filed, use the PIT-PV voucher. If you are making an extension payment, use the PIT-EXT voucher.

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PIT-ES New Mexico Estimated Personal Income Tax Payment Voucher

Indicate the tax year and the quarter for the tax year to which the payment is to be applied:

Tax Year ☐ 1ST (APR 15) ☐ 2ND (JUN 15) ☐ 3RD (SEP 15) ☐ 4TH (JAN 15)

YOUR FIRST NAME AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
ADDRESS (Number & Street)		CITY, STATE AND ZIP CODE

If Fiscal-year, enter last day of tax year mm/dd/ccyy

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